

RELEASED IN FULL

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A10

Page 1 of 4
SAQMMMA08F4238

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	RATING
2. AMENDMENT/MODIFICATION NO. M003	3. EFFECTIVE DATE 09/24/2008	4. REQUEST/PURCHASE REQ. NO. AQ 1044805087	5. PROJECT NO. (if applicable)
6. ISSUED BY OFFICE OF ACQUISITION MANAGEMENT (A/M/AQM) PO BOX 9115, ROSSLYN STATION US DEPARTMENT OF STATE ARLINGTON, VA 22219	CODE UAAQM NAME Contract Pkts: TEL. 703-975-6011 EMAIL P115C@state.gov	7. ADMINISTERED BY (if other than item 6)	CODE
8. NAME AND ADDRESS OF CONTRACTOR (No., street, country, state and ZIP Code) STANLEY ASSOCIATES INC. 3101 WILSON BLVD STE 700 ARLINGTON, VA 22201-4445		9. AMENDMENT OF SOLICITATION NO.	10. DATED (SEE ITEM 11)
CONTACT Jonathan Barker CODE 144202843		10A. MODIFICATION OF CONTRACT ORDER NO. SAQMMMA08F4238	10B. DATED (SEE ITEM 13) 04/10/2008
FACILITY CODE 99100		11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS	

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of offers.

Offers must acknowledge this item 14 of this amendment prior to the hour and date specified in the solicitation or as extended, by one of the following methods: (a) By completing letter 5 and 15, and returning copies of this amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (if required)
See Line Item Detail

\$6,050,000.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE

<input type="checkbox"/>	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
<input type="checkbox"/>	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in pricing, allocation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.503(b).
<input type="checkbox"/>	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
<input checked="" type="checkbox"/>	D. OTHER (Specify type of modification and authority) Increase Funding

E. IMPORTANT: Contractor ☒ is not, ☐ is required to sign this document and return copies to issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UIC action headings, including solicitation contract subject matter where possible.)
The purpose of this modification is to increase funding by \$6,050,000.00. The previous order total was \$13,000,000.00. The new order total is \$19,050,000.00.

15A. NAME AND TITLE OF SIGNER (Type or print) Reaver Clements		15B. DATE SIGNED 09/24/2008
15C. CONTRACTOR/OFFEROR	15D. DATE SIGNED	15E. UNITED STATES OF AMERICA By <i>Charles Clements</i> Member of Contracting Office
15F. SIGNATURE OF PERSON AUTHORIZED TO SIGN		

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA FPMR (41 CFR) 101-11.6

NSN 7540-01-152-8070
Previous edition obsolete

UNITED STATES DEPARTMENT OF STATE
REVIEW AUTHORITY: CHARLES E LAHIGUERA
DATE/CASE ID: 17 SEP 2010 200702174

UNCLASSIFIED

UNCLASSIFIED

Page 2 of 4
SAQMMA08F4238

Line Item Summary	Contract Number: SAQMMA08D0051	Order Number: SAQMMA08F4238	Title: Base Year Funding Passport Services NPC - Task 2	Total Funding Change: \$6,050,000.00	Date of Order: 09/24/2008
Line Item No.	Description	Quantity	Unit	Unit Price	Total Cost
	Provide incremental funding in the amount of \$6,050,000.00 to cover services for the period covering March 28, 2008 through March 19, 2009 for Task 2 as follows:				
001	Base Year Funding for Passport Services Domestic Support Contract No. SAQMMA08D0051, period of performance through March 19, 2009 for Task 2 - National Passport Center Operational Support, CLIN No. 0002 Doc Ref No: 1044805087 Taxes Included: Delivery Date: 09/19/2008 (Start to End) Date: 03/28/2008 to 03/19/2009 FOB: Destination Funding Information: Accounting Ref: 1044805087 1900 - 2008 - - 19 X01130006 - CA - 1044 - 4220 - - - - 2589 - - - CAR25L - - - 281558 Original Total: \$1,000,000.00 Change Total: \$0.00 \$1,000,000.00 Accounting Ref: 1044805087 1900 - 2008 - - 19 X0113000Y - CA - 1044 - 4220 - - - - 2589 - - - CAR25L - - - 281558 Original Total: \$6,000,000.00 Change Total: \$0.00 \$6,000,000.00 Accounting Ref: 1044805087 1900 - 2008 - - 19 X01130006 - CA - 1044 - 4220 - - - - 2589 - - - CAR25L - - - 281558 Original Total: \$6,000,000.00 Change Total: \$0.00 \$6,000,000.00 Accounting Ref: 1044805087 1900 - 2008 - - 19 X01130006 - CA - 1044 - 4220 - - - - 2589 - - - CAR25L - - - 281558 Original Total: \$0.00 Change Total: \$6,000,000.00 \$6,000,000.00	1.00 0.00 1.00	LT	\$13,000,000.00 \$6,000,000.00 \$19,000,000.00	\$13,000,000.00 \$6,000,000.00 \$19,000,000.00
002	Travel (CLIN 0003) Doc Ref No: 1044805087 Taxes Included: Delivery Date: 09/19/2008 (Start to End) Date: 03/20/2008 to 03/19/2009 FOB: Destination Funding Information: Accounting Ref: 1044805087 1900 - 2008 - - 19 X01130006 - CA - 1044 - 4220 - - - - 2589 - - - CAR25L - - - 281558 Original Total: \$0.00 Change Total: \$50,000.00 \$50,000.00	0.00 1.00 1.00	LT	\$0.00 \$50,000.00 \$50,000.00	\$0.00 \$50,000.00 \$50,000.00
GTM for this effort: Tyrone Shelton					
Previous Total:				\$13,000,000.00	
Modification Total:				\$6,050,000.00	
Grand Total:				\$19,050,000.00	

Exhibits and Attachments TOC

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Page 3 of 4
SAQMMA08F4238

Identifier	Title	Date	Number of Pages
1	AQ-1044806087-03212000103704549/March 20, amendment to Task 2.pdf	03/21/2008	0

01INV Invoice Instructions

12/21/2007

Instructions for invoice payment:

Invoice submission is only via the Office of Claims' Commercial Claims Operations fax server, toll-free number: 866-483-3436, unless otherwise indicated. Each invoice must be transmitted separately.

To constitute a proper invoice, the invoice must include the following information and/or attached documentation: (1) Name and Address of the Contractor

- (2) Dun and Brad Street Universal Number System (DUNS)
- (3) Date of invoice
- (4) Unique Vendor Invoice Number
- (5) Remittance Contact Information
- (6) Shipping Terms, Ship to Address
- (7) Payment Terms
- (8) Total Quantity of Items
- (9) Total Invoice Amount
- (10) Requisition Number, Contract Number and Order/Award Number, with modification number if applicable.
- (11) Order line item number and information, see below line item information instructions.

The name and DUNS of the contractor on the invoice must match the information indicated on the order/award for proper payment.

IMPORTANT: For proper payment, the invoice must detail products and/or services delivered on a line item basis in direct accordance with the corresponding order/award/contract. Each line item must contain the following information:

UNCLASSIFIED

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Page 4 of 4
SAQMMA08F4238

- (1) Description of the services rendered for each line item
- (2) Line Item Quantity
- (3) Line Item Unit Price
- (4) Total Line Item Invoicing Amount
- (5) Delivery Date
- (6) Contract Line Item Number (CLIN)
- (7) Order/Award Line Item Number if invoicing against a task or delivery order or Blanket Purchase Agreement (BPA)

Please note that many task or delivery orders against Department of State or GSA contracts or blanket purchase agreements may have a separate and unique line item number in addition to the umbrella Contract Line Item Number (CLIN). The order line item number as well as the umbrella award CLIN must be referenced at each invoice line item level in such cases.

All payment to domestic claims will be disbursed by electronic funds transfer EFT. Vendors who are registered in the Central Contractor Registration (CCR) should verify and re-confirm their financial information in the database prior to invoicing. Vendors who wish to request a waiver of CCR or payment by check must submit their justification to their assigned contracting officer for consideration at least 30 days prior to billing. For vendors who are granted an EFT exception, the payment address on the invoice must match the remittance address in the vendor record cited in the award.

Additional correspondence should be addressed to:

Name: U.S. Department of State

Global Financial Services

Attn: Office of Claims (RM/GFS/F/C)

Charleston Financial Service Center

Mailing Address:

Post Office Box 150008

Charleston, SC 29415-5008

Telephone Numbers:

Voice 843-202-3761

Fax 843-746-0749

Person to Contact: Mike Washington, Office of Claims

Email: WashingtonM@state.gov

Phone: 843-202-3761

To request Payment Status on a Past Due Invoice contact: Office of Claims Customer Service

Email: commercialclaims@state.gov Phone: 877-704-9473 Toll Free

(End of clause)

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